## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093759

Entity Name: MCAFEE, LEFT COAST, JMKHR, LLC

FILED Apr 18, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

ONE INDEPENDENT DRIVE, SUITE 1200 ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202

SUITE 1200

JACKSONVILLE, FL 32202

**Current Mailing Address:** New Mailing Address:

ONE INDEPENDENT DRIVE ONE INDEPENDENT DRIVE, SUITE 1200 JACKSONVILLE, FL 32202

SUITE 1200

JACKSONVILLE, FL 32202 US

FEI Number: 20-2100081 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC INTREPID REGISTERED AGENT SERVICES, LLC ONE INDEPENDENT DRIVE, SUITE 1200 ONE INDEPENDENT DRIVE

JACKSONVILLE, FL 32202 SUITE 1200 JACKSONVILLE, FL 32202 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GWEN HUTCHESON GRIGGS EVP 04/18/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

() Delete Title: ( ) Change (X) Addition

MCAFEE, JANE Name: Name: Address: Address: ONE INDEPENDENT DRIVE, SUITE 1200

City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JANE MCAFEE 04/18/2005